

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-527823
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11	1					
12						
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14						
15						
16	1					
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48						
49						
50						
TOTAL IND.	5	0	0	0	0	0
TOTAL DEP.	0	0	0	0	0	0
TOTAL CLAIMS	5	0	0	0	0	0

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	0	0	0	0	0	0
TOTAL DEP.	0	0	0	0	0	0
TOTAL CLAIMS	0	0	0	0	0	0